## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

765

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |              |                   |                                     |                  |    | SMALL ENTITY TYPE   |                        | OR | OTHER<br>SMALL E    |                        |  |
|--|--|---|--------------|-------------------|-------------------------------------|------------------|----|---------------------|------------------------|----|---------------------|------------------------|--|
| TOTAL CLAIMS   |  |   | 10           |                   |                                     |                  |    | RATE                | FEE                    |    | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED |                   | NUMBER EXTRA                        |                  |    | BASIC FEE           | 370.00                 | OR | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | /0 minus 20= |                   | *                                   |                  |    | X\$ 9=              |                        | OR | X\$18=              | <u></u>                |  |
| INDEPENDENT CLAIMS   |  |   |              | us 3 =            | * /                                 |                  |    | X42=                | 42                     | OR | X84=                |                        |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT       | "                 | <u>.</u>                            |                  |    | +140=               |                        | OR | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |              |                   |                                     |                  |    | TOTAL               | 412                    | OR | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |              |                   |                                     |                  | `  | SMALL               | '<br>ENTITY            | OR | OTHER<br>SMALL      |                        |  |
|  |  | (Column 1)<br>CLAIMS                      |              |                   | mn 2)<br>HEST                       | (Column 3)       | 4  |                     |                        | J  |                     | ADDI-                  |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREV       | MBER<br>HOUSLY<br>FOR               | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | TIONAL<br>FEE          |  |
|  | Total  | *   | Minus        | **                |                                     | =                |    | X\$ 9=              |                        | OR | X\$18=              |                        |  |
| AME  | Independent  | *   | Minus        | ***               | IT CL AINA                          | =                | 4  | X42=                |                        | OR | X84=                |                        |  |
|  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF  | ENDER             | II CLAIM                            |                  |    | +140=               |                        | OR | +280=               |                        |  |
|  |  |   |              |                   |                                     |                  |    | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                   |                                     |                  |    |                     |                        |    |                     |                        |  |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |              | HIG<br>NU<br>PRE\ | HEST<br>MBER<br>/IOUSLY<br>D FOR    | PRESENT<br>EXTRA | ٦. | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus        | **                |                                     |                  |    | X\$ 9=              |                        | OR | X\$18=              |                        |  |
|  | Independent  | *   | Minus        | ***               |                                     | =                | _  | X42=                |                        | OR | X84=                |                        |  |
|  | FIRST PRESE  | NTATION OF N                              | MULTIPLE DE  | PENDE             | VI CLAIN                            |                  |    | +140=               |                        | OR | +280=               |                        |  |
|  |  |   |              |                   |                                     |                  |    | TOTAL<br>ADDIT. FEE |                        | OR | TOTA<br>ADDIT. FEI  |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                   |                                     |                  |    |                     |                        |    |                     |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | Hi<br>Nil<br>PRE  | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | -  | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus        | **                |                                     | =                | ╛  | X\$ 9=              |                        | OF | X\$18=              |                        |  |
|  | Independent  | *   | Minus        | ***               | NEO A                               | =                | 4  | X42=                |                        | OF | X84=                |                        |  |
| F  | FIRST PRES   | ENTATION OF                               | MULTIPLE DE  | PENDE             | NI CLAI                             | м                |    | +140=               |                        | OF | +280=               |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                   |                                     |                  |    |                     |                        |    |                     |                        |  |